



The City of Lynchburg, Virginia

301 GROVE STREET, LYNCHBURG, VA 24501 (434) 455-5858
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PARKS AND RECREATION
DEPARTMENT

ATTACHMENT 4 LYNCHBURG COMMUNITY MARKET APPLICATION/LEASE COOLER STALL RENTAL

I hereby apply to rent cooler space at the Lynchburg Community Market.

Primary User _____

Business Name _____
(If applicable)

Mailing Address _____

Phone # (Home) _____ (Work) _____ (Cell) _____

E-Mail _____

Business License # _____ State Tax # _____

1. Please check appropriate category of products to be stored in cooler:

- ☐ Locally Grown Produce ☐ Home-Baked Goods ☐ Restaurant/Prepared Foods
☐ Certified Virginia Grown ☐ Re-Sell Produce
☐ Home- Produced Goods ☐ Flowers/Plants

2. What months do you need cooler space and how many cooler spaces each month?

<input type="checkbox"/> Year Round	<input type="checkbox"/> One, <input type="checkbox"/> Two, or <input type="checkbox"/> Three
<input type="checkbox"/> Jan	<input type="checkbox"/> One, <input type="checkbox"/> Two, or <input type="checkbox"/> Three
<input type="checkbox"/> Feb	<input type="checkbox"/> One, <input type="checkbox"/> Two, or <input type="checkbox"/> Three
<input type="checkbox"/> Mar	<input type="checkbox"/> One, <input type="checkbox"/> Two, or <input type="checkbox"/> Three
<input type="checkbox"/> Apr	<input type="checkbox"/> One, <input type="checkbox"/> Two, or <input type="checkbox"/> Three
<input type="checkbox"/> May	<input type="checkbox"/> One, <input type="checkbox"/> Two, or <input type="checkbox"/> Three
<input type="checkbox"/> June	<input type="checkbox"/> One, <input type="checkbox"/> Two, or <input type="checkbox"/> Three
<input type="checkbox"/> July	<input type="checkbox"/> One, <input type="checkbox"/> Two, or <input type="checkbox"/> Three
<input type="checkbox"/> Aug	<input type="checkbox"/> One, <input type="checkbox"/> Two, or <input type="checkbox"/> Three
<input type="checkbox"/> Sept	<input type="checkbox"/> One, <input type="checkbox"/> Two, or <input type="checkbox"/> Three
<input type="checkbox"/> Oct	<input type="checkbox"/> One, <input type="checkbox"/> Two, or <input type="checkbox"/> Three
<input type="checkbox"/> Nov	<input type="checkbox"/> One, <input type="checkbox"/> Two, or <input type="checkbox"/> Three
<input type="checkbox"/> Dec	<input type="checkbox"/> One, <input type="checkbox"/> Two, or <input type="checkbox"/> Three

3. Produce and food should be kept on racks within the space provided. Vendors are responsible for locks and keys and must provide the market office with a copy of the key to be on file.

4. I have read and agree to abide by all policies of the LCM as stated in the LCM Handbook. I certify that all of the information contained in this application is true and correct and that supplying false or misleading information is grounds for the termination of the applicant's lease.

Applicant Name (Please print legibly) _____

Applicant Signature _____

Date of Application _____

Market Manager Signature _____

Date Received by the LCM Manager _____

Date Lease Approved by the LCM _____